

true hero, having served as a prisoner of war. It is an honor to have him as a cosponsor and to have had his strong support throughout the effort to get this bill passed.

I urge all my colleagues to help right this fundamental wrong by voting for this straightforward, commonsense legislation.

Mr. LEVIN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I stand today in support of H.R. 1499. This bill is actively supported by my Democratic colleagues. On May 23, 2005, this bill passed the House under suspension of the rules by voice vote. The bill was referred to the Senate and was approved with an amendment to change the effective date. Because of the later effective date as passed by the Senate, the bill is before us again today merely to incorporate a technical change. This change would indeed ensure that our service men and women can make eligible contributions for previous tax years, 2004 and 2005, for which the deadline has passed, but years for which they were eligible to make these contributions.

We acknowledge fully the work of our military personnel who continue to perform so ably for our Nation. We honor their bravery and their sacrifice. Therefore, it goes without saying that we endorse this effort by the Congress to make it possible for these men and women to take advantage of every tax benefit that is available to them, including saving for their retirement.

H.R. 1499, as my colleague and friend, the gentleman from Texas, Mr. JOHNSON, has said, would allow our service men and women to treat their compensation received while serving in combat as taxable income in order to help them meet the income eligibility requirement for making contributions to an individual retirement account.

At a recent hearing of our committee, two of our five witnesses highlighted the large shortfall in retirement savings many of our workers in this country face. I am sure that many members of the military fall within this group. This bill is a small step in the right direction of closing that gap.

Other larger steps need to be taken. For example, Democratic Members of this Congress are hopeful that we can work with our Republican colleagues to preserve another tax benefit that may be of even greater help to many military families. A provision in current law would permit military families to treat combat pay as taxable compensation for purposes of claiming the Earned Income Tax Credit. This provision, though, is set to expire at the end of this year.

The EITC is a refundable credit many low- and middle-income taxpayers can claim when they file their Federal tax returns. Eligible families may claim a portion of their credit ratably during the year. The EITC helps to relieve the Federal tax burden on many families who are working full-time, yet find themselves at or below the poverty level.

We had hoped that this provision could be included as part of the bill before us today to further help military families. However, we were assured that this provision will be taken up later in the year, and we will continue to press for the extension of this provision before it expires.

Also let me finish by expressing my hope and the hope of so many on my side of the aisle that this Congress and the administration will meet their responsibilities to our veterans on health, on re-employment, and on so many other major needs of those in the military and the veterans of this country.

Mr. Speaker, I would say to my friend, Mr. JOHNSON, therefore anticipating your remarks, and your remarks indeed reflect your service to this country, I yield back the balance of my time.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, as Mr. LEVIN pointed out, we passed this legislation before. Our colleagues in the Senate then passed the bill by unanimous consent back in October, but made a change regarding the effective date.

The HERO Act will help our combat troops save for their retirement, as Mr. LEVIN pointed out, or for first-time home purchases or for education by saving in a Roth IRA.

Currently, all Americans can save up to \$4,000 this year in an IRA or a Roth IRA. This cap on annual contributions will increase to \$5,000 in 2008. Right now our combat troops are not able to contribute to IRAs because that combat pay does not fit the definition of taxable earned income.

As Mr. LEVIN pointed out, our combat troops are putting their lives on the line in a very dangerous situation, and to recognize this service, their pay is not subject to tax. This bill is a way for Congress and the American people to say thank you every payday.

There are a lot of young servicemembers who are single who come home at the end of a tour in a combat zone with a nice little nest egg. Once we get this bill signed into law, it will be great for these young men and women to put some of that money into a Roth IRA for the purchase of a home, to spend on school, or just for long-term retirement. While there are plenty of other tantalizing things for these young people to spend their money on, we need to at least give them the opportunity to save some of it in the same way that all other Americans can save.

I am one of the conferees working out the differences between the House and Senate on the pension bill. I look forward to getting that bill completed soon so we can increase the opportunity of all Americans to save and to make their pension plans safer. However, our troops are prohibited from even contributing combat pay to an IRA, and we need to remedy this situation right now.

According to the Joint Committee on Taxation, the bill would provide \$70 million of tax benefits to military families over the next decade. We will pass the HERO Act with no controversy, and I hope our colleagues in the other body follow suit in the near future.

Mr. Speaker, I thank Mr. LEVIN for his comments, and I appreciate Ms. FOXX introducing the bill. It is the right thing to do.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SAM JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 803.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. LEVIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

#### RURAL HEALTH CARE CAPITAL ACCESS ACT OF 2006

Mr. RENZI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4912) to amend section 242 of the National Housing Act to extend the exemption for critical access hospitals under the FHA program for mortgage insurance for hospitals.

The Clerk read as follows:

H.R. 4912

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Rural Health Care Capital Access Act of 2006".

#### SEC. 2. EXTENSION.

Paragraph (1) of section 242(i) of the National Housing Act (12 U.S.C. 1715z-7(i)(1)) is amended by striking "July 31, 2006" and inserting "July 31, 2011".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. RENZI) and the gentleman from California (Mr. BACA) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

Mr. RENZI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4912, the Rural Health Care Capital Access Act of 2006. This piece of legislation would extend the exemption of the current law that allows small rural hospitals to remain eligible for Federal Housing Administration mortgage insurance.

Recent health care statistics show a huge backlog of capital improvement needs for the majority of hospitals in the United States, and rural hospitals face even fewer opportunities to make

such needed repairs, achieve reasonable terms for refinancing or build replacement facilities. The FHA Section 242 Hospital Mortgage Insurance Program has been a valuable tool for many hospitals seeking to rebuild or make improvements.

Recently the program became available to critical access hospitals. Critical access hospitals are facilities certified to receive cost-based reimbursement for Medicare. This cost-based reimbursement is intended to improve their financial performance and thereby reduce hospital closures.

Despite the efforts of FHA, some challenges have remained for these rural hospitals to gain access to the critical access program. One of these was a statutory requirement in section 242 that at least 50 percent of the hospital's adjusted net patient days must be used for acute medical care. While this requirement may be useful in urban areas, rural isolated communities such as those served by critical access hospitals often cannot sustain separate independent hospitals which provide acute care and nursing facilities.

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It is common for rural hospitals and nursing homes to operate as a single unit in order to take advantage of savings related to cost-sharing of some services and staff.

To deny critical-access hospitals access to FHA mortgage insurance on these grounds unfairly disadvantages these facilities that are desperately in need of capital improvements.

H.R. 659, the Hospital Mortgage Insurance Act of 2003 amended section 242 of the National Housing Act and included an exemption that eliminated the so-called Patient Day Test for critical-access hospitals, which allowed these rural hospitals to be eligible for FHA mortgage insurance. The exemption expires on July 31, 2006. H.R. 4912 would simply extend this vital exemption for 5 years, which would give FHA and the Department of Housing and Urban Development time to review the exemption's impact and recommend to the Congress whether it should be made permanent.

I am a proud cosponsor of this important legislation, which will benefit 11 critical-access hospitals in my home State of Arizona and three hospitals in my district: Page Memorial Hospital in Page, Arizona, Sage Memorial Hospital in Ganado, located on the Navajo Nation, and Winslow Memorial Hospital located in the town of Winslow, Arizona.

I would like to thank the Housing Subcommittee chairman, Congressman NEY, Ranking Member WATERS, full committee Chairman OXLEY, Ranking Member FRANK and all of those who worked hard to pull this together for their support of this legislation.

Mr. Speaker, I urge my colleagues to support this bipartisan piece of legislation that would allow more opportuni-

ties for critical-access hospitals to improve the quality of health care in rural America.

Mr. Speaker, I reserve the balance of my time.

Mr. BACA. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, I rise today to express my strong support for H.R. 4912, the Rural Health Care Capital Access Act of 2006, along with Mr. FRANK who is one of the cosponsors of this important legislation.

This bill extends and exempts under the Hospital Mortgage Insurance Act of 2003 small, rural critical-access hospitals. This allows them to qualify for the Department of Housing and Urban Development section 242 mortgage insurance program.

This section 242 program is an important program which provides mortgage insurance for loans made for construction, renovation and equipment of acute-care hospitals. To be eligible for section 242 requires that at least half of the hospital's net patient days qualify as acute care, which is referred to as a Patient's Day Test.

Small, rural hospitals sometimes have a hard time meeting these requirements. This is because rural communities often have hospitals and nursing homes combined in order to achieve savings by sharing facilities and services such as pharmacy and food services.

The Hospital Mortgage Insurance Act of 2003 eliminated the so-called Patient Day Test for critical-access hospital, but limited the exemption to 3 years. The exemption expires on July 31, 2006.

Today only one hospital sought approval under this exemption. This is not surprising considering the length of time required for applying to the program, particularly for small hospitals with limited staff and resources to devote to such complicated processes.

As we all know, there are many small hospitals throughout the Nation that need this kind of help. It is very complicated, applying for this kind of a process. Nevertheless, this exemption is necessary for small hospitals to have access, and I state, to have access to section 242 programs. And it is important that they do have the access.

H.R. 4912, the Rural Health Care Capital Access Act of 2006, would extend the exemption for an additional 5 years. During this time, HUD and FHA can review the impact and recommend to Congress whether the exemption should be made permanent.

Again, Mr. Speaker, I express my strong support for this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. RENZI. Mr. Speaker, I have no additional speakers, and reserve the balance of my time.

Ms. WATERS. Mr. Speaker, I rise in strong support of H.R. 4912, the "Rural Health Care Capital Access Act of 2006", of which I am an original sponsor. The Committee on Financial Services marked-up H.R. 4912 on March 13,

2006, so I am delighted that this important measure has reached the floor today. Mr. NEY, the Chairman of the Subcommittee on Housing and Community Affairs, is to be applauded for his efforts on behalf of rural communities.

The bill would allow hospitals located in rural areas access to the Federal Housing Administration (FHA) mortgage insurance program for hospitals, under Section 242 of the National Housing Act. These hospitals are located in rural areas of the country, and are not always able to meet the bed capacity requirements for critical care facilities. Thus, the bill would extend the exemption for another 5 years, enabling rural hospitals to be exempted from critical bed requirements.

The bill addresses the mortgage insurance needs of Critical Access Hospitals. These hospitals are rural hospitals with a maximum of 25 beds and must be 35 miles from the nearest hospital. Another requirement is related to the so-called "patient day" requirement. Under Section 242, not more than 50 percent of a hospital's adjusted net patient days could be "assignable to the categories of chronic convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis . . ." These are onerous requirements for small rural hospitals to meet. When we passed the Hospital Insurance Mortgage Act of 2003, it eliminated the patient day requirement, but it expires on July 31, 2006.

By supporting H.R. 4912 to extend the exemption for another 5 years, we will be addressing an issue of major concern in rural areas. Hospitals are far and few apart. Within many of our rural communities hospitals double up with nursing homes to meet these bed requirements, as well as to share in cost savings, to qualify for Section 242 mortgage insurance. H.R. 4912 removes another barrier to health care in rural communities, and therefore, I urge support of the measure.

Mr. BACA. Mr. Speaker, I have no additional speakers. I appreciate the gentleman from Arizona's leadership in taking up this legislation along with the cosponsor, Mr. FRANK, who feels this is important for a lot of the hospitals in rural communities, and I yield back the balance of my time.

Mr. RENZI. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PRICE of Georgia). The question is on the motion offered by the gentleman from Arizona (Mr. RENZI) that the House suspend the rules and pass the bill, H.R. 4912.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### BYRON NELSON CONGRESSIONAL GOLD MEDAL ACT

Mr. RENZI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4902) to award a Congressional gold medal to Byron Nelson in recognition of his significant contributions to the game of golf as a player, a teacher, and a commentator.

The Clerk read as follows: